

**PROFESSIONAL UNDERWRITERS AGENCY, INC.**

**THIS IS A CLAIMS MADE AND REPORTED POLICY WITH DEFENSE COSTS INCLUDED IN THE LIMIT OF LIABILITY, EXCEPT FOR COVERAGE SECTION D, CRIME COVERAGE SECTION, WHERE CLAIM EXPENSES ARE INCLUDED IN THE LIMIT OF LIABILITY. PLEASE READ THE ENTIRE POLICY CAREFULLY.**

**DECLARATIONS**

**COMBINED EMPLOYMENT PRACTICES, DIRECTORS' & OFFICERS', FIDUCIARY AND CRIME INSURANCE POLICY**

**NOTICE: EXCEPT FOR COVERAGE SECTION D, CRIME COVERAGE SECTION, THIS IS A CLAIMS MADE AND REPORTED POLICY THAT APPLIES, SUBJECT TO ITS TERMS, ONLY TO CLAIMS 1) FIRST MADE DURING THE POLICY PERIOD OR, IF PURCHASED, ANY EXTENDED REPORTING PERIOD; AND 2) REPORTED WITHIN THE TIME SPECIFIED IN THE NOTICE PROVISIONS. THESE DECLARATIONS, THE COMPLETED AND SIGNED APPLICATION, AND THE POLICY WITH ENDORSEMENTS SHALL CONSTITUTE THE CONTRACT BETWEEN THE UNDERWRITERS AND THE INSURED.**

<b>This insurance is provided by various insurers as per the attached Schedule.</b>	
<b>POLICY NUMBER:</b> <b>Renewal of:</b>	
<b>Item 1.</b>	<b>INSURED COMPANY:</b> Name: Address:
<b>Item 2.</b>	<b>POLICY PERIOD:</b> (a) Inception Date: (b) Expiration Date:  at 12:01 a.m., for both dates, at the principal address in Item 1.
<b>Item 3.</b>	<b>PREMIUM:</b>  \$ _____

<b>Item 4</b>	<b>LIMITS OF LIABILITY, SELF-INSURED RETENTIONS AND COVERAGES PURCHASED:</b>		
<p>The Limit of Liability and Self-Insured Retention amounts applicable to each Coverage purchased and the Aggregate Limit of Liability are as indicated below. This <b>Policy</b> includes only those Coverages purchased, as designated by a “Yes” for “Included”. If neither “Yes” or “No” is designated for a Coverage, such Coverage is not included.</p>			
<b>COVERAGE</b>	<b>COVERAGE INCLUDED (YES OR NO)</b>	<b>LIMIT OF LIABILITY</b>	<b>SELF-INSURED RETENTION</b>
<b>COVERAGE SECTION A, Employment Practices Liability:</b>	_____	\$ _____ Each Claim	\$ _____ Each Claim
Third-Party Discrimination Coverage:	_____	\$ _____ Each Claim and All Claims in the Aggregate	
Punitive, Exemplary and Multiple Damages Coverage:		\$ _____ Each Claim and All Claims in the Aggregate	
<b>4.A.</b> All Claims in the Aggregate, COVERAGE SECTION A, including Third-Party Discrimination (where included) and Punitive, Exemplary and Multiple Damages:		\$ _____	
Defense-Only Limit:	_____	\$ _____ Each Claim and All Claims in the Aggregate	
<b>COVERAGE SECTION B, Directors and Officers Liability:</b>	_____	\$ _____ Each Claim	\$ _____ For Insuring Agreements I.B. and I.C.; <b>\$ None</b> For Insuring Agreement I.A.
Punitive, Exemplary and Multiple Damages Coverage:		\$ _____ Each Claim and All Claims in the Aggregate	
<b>4.B.</b> All Claims in the Aggregate, COVERAGE SECTION B, including Punitive, Exemplary and Multiple Damages:		\$ _____	
<b>COVERAGE SECTION C, Fiduciary Liability:</b>	_____	\$ _____ Each Claim	\$ _____ Each Claim
Punitive, Exemplary and Multiple Damages Coverage:		\$ _____ Each Claim and All Claims in the Aggregate	
<b>4.C.</b> All Claims in the Aggregate, COVERAGE SECTION C, including Punitive, Exemplary and Multiple Damages:		\$ _____	

<b>COVERAGE SECTION D, Crime Coverage</b>		_____	\$ _____ Each Covered Event	\$ _____ Each and Every Covered Event
<b>4.D.</b> All Covered Events in the Aggregate, COVERAGE SECTION D:			\$ _____	
<b>4.E. AGGREGATE LIMIT OF LIABILITY FOR ALL COVERAGES COMBINED:</b>			\$ _____ All Claims and Covered Events for all Coverages Combined, for the Policy Period	
<b>Item 5.</b>	<b>PRIOR AND PENDING DATE:</b>			
	Employment Practices (EPL):	Directors & Officers (D&O):	Fiduciary Liability:	
<b>Item 6.</b>	<b>SERVICE OF SUIT:</b>			
<b>Item 7.</b>	<b>AUTHORIZED REPRESENTATIVES:</b> Kaufman Borgeest & Ryan LLP 99 Park Avenue New York, New York 10016 Attention: Wayne E. Borgeest Tel: (212) 980-9600 Fax: (212) 980-9291 E-mail: <a href="mailto:WBorgeest@KBRlaw.com">WBorgeest@KBRlaw.com</a>			